CHRISTOPHER EAST HLTH REHAB CTR

CHRISTOTHER ENDI HEIH REHIED CIR			
1132 E KNAPP ST			
MILWAUKEE 53202 Phone: (414) 273-3560		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	134	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	134	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	123	Average Daily Census:	112

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)					
Home Health Care	No	 Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	42.3	
Supp. Home Care-Personal Care	No					1 - 4 Years	31.7	
Supp. Home Care-Household Services	No	Developmental Disabilities	5.7	Under 65	51.2	More Than 4 Years	26.0	
Day Services	No	Mental Illness (Org./Psy)	9.8	65 - 74	12.2			
Respite Care	No	Mental Illness (Other)	18.7	75 - 84	25.2		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	1.6	85 - 94	10.6	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.8	Full-Time Equivalent		
Congregate Meals No		Cancer		0		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.3	ĺ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	21.1	65 & Over	48.8			
Transportation	No	Cerebrovascular	5.7			RNs	10.9	
Referral Service	No	Diabetes	4.1	Gender	%	LPNs	17.5	
Other Services	No	Respiratory	13.8			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.2	Male	43.9	Aides, & Orderlies	50.3	
Mentally Ill	No			Female	56.1			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	 7	53.8	384	14	16.1	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	21	17.1
Skilled Care	6	46.2	296	63	72.4	122	5	100.0	122	5	100.0	155	11	100.0	122	2	100.0	424	92	74.8
Intermediate				6	6.9	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	4.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.1	180	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	3	3.4	400	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.4
Total	13	100.0		87	100.0		5	100.0		5	100.0		11	100.0		2	100.0		123	100.0

CHRISTOPHER EAST HLTH REHAB CTR

Admissions, Discharges, and		Percent Distribution	n of Residents'	Conditi	ions, Services, an	d Activities as of 12	/31/04
Deaths During Reporting Period				 9	Needing		Total
ercent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.5	Bathing	12.2		52.0	35.8	123
Other Nursing Homes	1.3	Dressing	19.5		49.6	30.9	123
Acute Care Hospitals	89.9	Transferring	25.2		34.1	40.7	123
Psych. HospMR/DD Facilities	1.3	Toilet Use	25.2		32.5	42.3	123
Rehabilitation Hospitals	0.0	Eating	51.2		27.6	21.1	123
Other Locations	4.0	******	******	******	******	* * * * * * * * * * * * * * * * * * * *	******
otal Number of Admissions	227	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	9.8	Receiving Resp	iratory Care	15.4
Private Home/No Home Health	2.3	Occ/Freq. Incontiner	nt of Bladder	46.3	Receiving Trac	heostomy Care	9.8
Private Home/With Home Health	23.1	Occ/Freq. Incontiner	nt of Bowel	36.6	Receiving Suct	ioning	9.8
Other Nursing Homes	2.3				Receiving Osto	my Care	0.8
Acute Care Hospitals	50.9	Mobility			Receiving Tube	Feeding	15.4
Psych. HospMR/DD Facilities	2.8	Physically Restraine	ed	4.1	Receiving Mech	anically Altered Diet	29.3
Rehabilitation Hospitals	0.0						
Other Locations	4.2	Skin Care			Other Resident C	haracteristics	
Deaths	14.4	With Pressure Sores		4.9	Have Advance D	irectives	91.1
otal Number of Discharges		With Rashes		4.9	Medications		
(Including Deaths)	216				Receiving Psyc	hoactive Drugs	53.7

		Owne	Ownership: Proprietary Peer Group % Ratio		Size:	Lic	ensure:				
	This	Pro			-199	Ski	lled	Al	1		
	Facility	Peer			Group	Peer Group		Faci	lities		
	%	%			Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	83.6	86.4	0.97	86.5	0.97	87.3	0.96	88.8	0.94		
Current Residents from In-County	100	85.0	1.18	87.0	1.15	85.8	1.16	77.4	1.29		
Admissions from In-County, Still Residing	22.9	18.1	1.27	18.9	1.21	20.1	1.14	19.4	1.18		
Admissions/Average Daily Census	202.7	199.9	1.01	188.2	1.08	173.5	1.17	146.5	1.38		
Discharges/Average Daily Census	192.9	201.1	0.96	190.4	1.01	174.4	1.11	148.0	1.30		
Discharges To Private Residence/Average Daily Census	49.1	83.1	0.59	77.5	0.63	70.3	0.70	66.9	0.73		
Residents Receiving Skilled Care	91.9	95.8	0.96	95.9	0.96	95.8	0.96	89.9	1.02		
Residents Aged 65 and Older	48.8	84.4	0.58	90.5	0.54	90.7	0.54	87.9	0.56		
Title 19 (Medicaid) Funded Residents	70.7	61.2	1.16	56.3	1.26	56.7	1.25	66.1	1.07		
Private Pay Funded Residents	4.1	13.7	0.30	22.2	0.18	23.3	0.17	20.6	0.20		
Developmentally Disabled Residents	5.7	1.2	4.80	1.1	5.13	0.9	6.55	6.0	0.94		
Mentally Ill Residents	28.5	30.0	0.95	29.0	0.98	32.5	0.87	33.6	0.85		
General Medical Service Residents	12.2	23.2	0.53	25.4	0.48	24.0	0.51	21.1	0.58		
Impaired ADL (Mean)	53.8	52.9	1.02	52.6	1.02	51.7	1.04	49.4	1.09		
Psychological Problems	53.7	51.7	1.04	55.4	0.97	56.2	0.95	57.7	0.93		
Nursing Care Required (Mean)	11.3	8.4	1.34	7.7	1.47	7.7	1.46	7.4	1.52		